
*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 1677
CONNECTION TEL 19735996522
SUBADDRESS
CONNECTION ID
ST. TIME 07/31 15:34
USAGE T 00'58
PGS. SENT 3
RESULT OK



Facsimile Cover Sheet

To: Rina Patel

Company: Program Integrity Assurance Associate, SLD

Phone: 973-884-8359

Fax: 973-599-6522

From: Louisa Loke

Company: NAFI

Phone: 978-774-0774 or 978-774-0775, ext. 192

Fax: 978-774-2262

E-Mail: Louisaloke@nafi.com

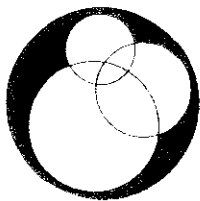
Date: 7/31/02

**No. of pages
including cover page:**

3

Comments:

Re: Eligibility Information for ACE and Alternative



NORTH AMERICAN FAMILY INSTITUTE, Inc.

creating diverse and innovative services for people

July 31, 2002

Rina Patel
Program Integrity Assurance Associate
Schools and Libraries Diversion

ADMINISTRATIVE OFFICES
10 Harbor Street
Danvers, MA 01923
Tel: (978) 774-0774
Fax: (978) 774-8369
1st Floor Fax: (978) 774-2262
TTY: (978) 762-6314
Web Site: <http://nafi.com>

Re: E-rate Application – Eligibility Information for ACE and Alternative

Dear Ms. Patel,

Attached please find an email from Rhode Island State Department of Education verifying that the ACE and Alternative are eligible for e-rate discount.

If you have any questions, please feel free to contact me.

Sincerely,

Dan Nakamoto
Executive Director of Administrative Services
North American Family Institute
Phone: 978-774-0774
Fax: 978-774-8369
E-mail: dannakamoto@nafi.com



State of Rhode Island and Providence Plantations
DEPARTMENT OF EDUCATION
Shepard Building
255 Westminster Street
Providence, Rhode Island 02903-3400

July 31, 2002

Peter McWalters
Commissioner

Mr. Dan Nakamoto
North American Family Institute
10 Harbor Street
Danvers, MA 01923

Dear Mr. Nakamoto:

These are legal schools as listed in the Rhode Island Educational Directory.

Independent Private School
NFI/ACE Program
735 New London Avenue
Cranston, RI 02920
GR. 07-11
Mary Anne McIntyre
Education Coordinator
401-946-2020

Independent Private School
North American Family Institute
Alternative Program
350 Duncan Avenue
Providence, RI 02906
GR 09-12
Paul Morin
Education Coordinator
401-453-4740

Sincerely,

William J. Fiske
State Educational Technology
Coordinator

WJF:pk

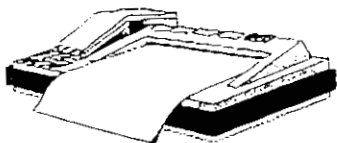
Telephone (401)222-4600 **Fax** (401)222-6178 **TTY** 800-745-5555 **Voice** 800-745-6575

The Board of Regents does not discriminate on the basis of age, color, sex,
sexual orientation, race, religion, national origin, or disability.

*** TX REPORT ***

TRANSMISSION OK

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CONNECTION ID
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PGS. SENT 4
RESULT OK



Facsimile Cover Sheet

To: Rina Patel

Company: Program Integrity Assurance Associate, SLD

Phone: 973-884-8359

Fax: 973-599-6522

From: Louisa Loke

Company: NAFI

Phone: 978-774-0774 or 978-774-0775, ext. 192

Fax: 978-774-2262

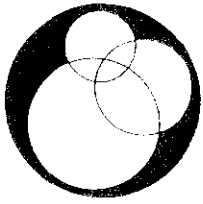
E-Mail: Louisaloke@nafi.com

Date: 7/31/02

No. of pages
including cover page: 4

Comments:

Re: Eligibility Information for Davenport School



NORTH AMERICAN FAMILY INSTITUTE, Inc.

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July 31, 2002

Rina Patel
Program Integrity Assurance Associate
Schools and Libraries Diversion

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Danvers, MA 01923
Tel: (978) 774-0774
Fax: (978) 774-8369
1st Floor Fax: (978) 774-2262
TTY: (978) 762-6314
Web Site: <http://nafi.com>

Re: E-rate Application – Eligibility Information for Davenport School

Dear Ms. Patel,

Attached please find an email from NH Department of Education verifying that Davenport School is eligible for e-rate discount.

If you have any questions, please feel free to contact me.

Sincerely,

Dan Nakamoto
Executive Director of Administrative Services
North American Family Institute
Phone: 978-774-0774
Fax: 978-774-8369
E-mail: dannakamoto@nafi.com

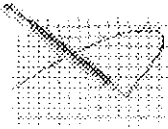


Louisa Loke

07/31/2002 09:43 AM

To:
cc:
cc:
Subject: RE: Confirmation of eligibility

----- Forwarded by Louisa Loke/Danvers/MA/NAFI on 07/31/2002 09:45 AM -----



Tom Grinley

Sent by: Tom Grinley

07/30/2002 11:38 AM

To: Louisa Loke/Danvers/MA/NAFI@NAFI
cc:
Subject: RE: Confirmation of eligibility

----- Forwarded by Tom Grinley/NH/NAFI on 07/30/2002 11:42 AM -----



"Bouvier,Chrys"

<CBouvier@ed.state.nh.us>

07/30/2002 11:24 AM

To: "TomGrinley@nafi.com" <TomGrinley@nafi.com>
cc: "tepare@library.state.nh.us" <tepare@library.state.nh.us>
Subject: RE: Confirmation of eligibility

Hi Tom,

Theresa Pare has forwarded your email to me for reply. I can send you a letter about the schools listed below being eligible for e-rate discount as they are approved non-public special education schools in NH. Or you may use this email for that purpose. You may forward my information to the SLD for contact if you need to. Please advise.

Chrys Bouvier
Educational Technology Consultant
NH Department of Education
101 Pleasant Street
Concord NH 03301
Tel: 603-271-8049
Fax: 603-271-1953
Email: cbouvier@ed.state.nh.us
Web: www.nheon.org/oet

-----Original Message-----

From: tepare@library.state.nh.us [mailto:tepare@library.state.nh.us]
Sent: Monday, July 29, 2002 8:08 AM
To: cbouvier@ed.state.nh.us
Subject: FW: Confirmation of eligibility

Chrys,

can you help this person. I do not certify schools for purposes of E-Rate.

thanks--
terry

Theresa Paré

NH State Library
20 Park Street
Concord, NH 03301
tepare@library.state.nh.us

-----Original Message-----

From: TomGrinley@nafil.com [mailto:TomGrinley@nafil.com]
Sent: Friday, July 26, 2002 11:57 AM
To: tepar@library.state.nh.us
Subject: Confirmation of eligibility

We are being told by SLD that we need to have state e-rate coordinators verify the eligibility of entities receiving e-rate funding. In New Hampshire our school facilities are:

Davenport School
PO Box 209, Rt. 2
Jefferson, NH 03583 .

Midway Shelter
136 Lowell St
Manchester, NH 03104

North Country Shelter
7 Davenport Rd.
Jefferson, NH 03583

Contoocook School
40 Park Lane
Contoocook, NH 03229

These schools were determined eligible for telecommunications discounts last year. The application numbers, respectively, are 168467, 168466, 168465, and 168160.

The communication from Rina Patel stated that an email response would be sufficient. Her email is RPATEL@sl.universalservice.org. Thank you in advance for your assistance, kindly let me know if there is anything else you need.

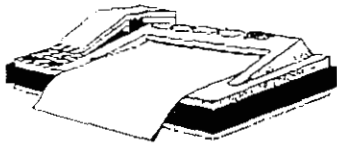
Thomas Grinley
Business Manager
NFI North, Inc.
PO Box 417
40 Park Lane
Contoocook, NH 03229

TomGrinley@nafil.com

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 1679
CONNECTION TEL 19735996522
SUBADDRESS
CONNECTION ID
ST. TIME 07/31 15:37
USAGE T 03'32
PGS. SENT 9
RESULT OK



Facsimile Cover Sheet

To: Rina Patel

Company: Program Integrity Assurance Associate, SLD

Phone: 973-884-8359

Fax: 973-599-6522

From: Louisa Loke

Company: NAFI

Phone: 978-774-0774 or 978-774-0775, ext. 192

Fax: 978-774-2262

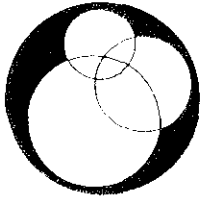
E-Mail: Louisaloke@nafi.com

Date: 7/31/02

No. of pages
including cover page: 9

Comments:

Re: Discount Information for Touchstone School and
Channing Stone School



NORTH AMERICAN FAMILY INSTITUTE, Inc.

creating diverse and innovative services for people

July 31, 2002

Rina Patel
Program Integrity Assurance Associate
Schools and Libraries Diversion

ADMINISTRATIVE OFFICES:
10 Harbor Street
Danvers, MA 01923
Tel: (978) 774-0774
Fax: (978) 774-8369
1st Floor Fax: (978) 774-2262
TTY: (978) 762-6314
Web Site: <http://nafi.com>

Re: E-rate Application – Discount Information for Touchstone School and Stepping Stone School

Dear Ms. Patel,

All students at Touchstone School and Stepping Stone School are in state custody. They automatically qualify as Residential Child Care Institutions (RCCI).

Attached please find the contract from Connecticut State Department of Education that indicated a total number of 40 enrollments from Touchstone School and 40 enrollments from Stepping Stone School. All of them are approved for the free lunch program. The contract is kept on file at our office in Danvers, MA.

If you have any questions, please feel free to contact me.

Sincerely,

Dan Nakamoto
Executive Director of Administrative Services
North American Family Institute
Phone: 978-774-0774
Fax: 978-774-8369
E-mail: dannakamoto@nafi.com

ED-095
Rev. 05/99
7 CFR Part 210
7 CFR Part 215
7 CFR Part 220
7 CFR Part 225
7 CFR Part 226
7 CFR Part 245

CONNECTICUT STATE DEPARTMENT OF EDUCATION

Child Nutrition Programs
25 Industrial Park Road
Middletown, Connecticut 06457-1543

228/824
BvH

FOR STATE USE ONLY

Effective Date: 10-1-99
Agreement Numbers:
School Programs 6/001
Child Day Care Centers
Adult Day Care Centers
Day Care Homes
Summer Food Service

AGREEMENT FOR CHILD NUTRITION PROGRAMS

Type of Institution (Check One): Public Schools ___ Nonprofit Private Schools ___ State Agency ___
Non-School Public and Private Institutions X
(NEW private, nonprofit sponsors attach IRS nonprofit documentation and indicate employer ID# _____)

NORTH AMERICAN FAMILY INSTITUTE, INC.

Town, City, Board of Education, School, Organization or Corporation

10 HARBOR STREET

DANVERS, MA

01923

Number and Street

Town

Zip Code

herein designated the Participant and the Connecticut State Department of Education herein designated the State Agency, hereby agree to the following conditions for the purpose of operating a Special Milk Program, a School Breakfast Program, a National School Lunch Program, a Child and Adult Care Food Program, and/or a Summer Food Service Program, herewith referred to as Programs for one or any combination thereof, pursuant to the National School Lunch Act, as amended (60 Stat. 885, 42-USC 1751) and the Child Nutrition Act, as amended (80 Stat. 885, 42-USC 1771) and subject to all present and subsequent regulations issued pursuant to said statutes:

The State Agency agrees to reimburse or make advance payments in such amounts as are authorized by federal regulations to the Participant in connection with the Program providing milk, breakfasts, lunches, suppers or supplemental food to those eligible in accordance with any of the following Regulations which are applicable to the chosen Programs: National School Lunch Program Regulations (7CFR Part 210), Special Milk Program Regulations (7CFR Part 215), School Breakfast Program Regulations (7CFR Part 220), Summer Food Service Program Regulations (7CFR Part 225), Child and Adult Care Food Program Regulations (7CFR Part 226), and Determining Eligibility for Free and Reduced Price Meals and Free Milk in Schools (7CFR Part 245), and any amendments thereto. The State Agency shall reimburse or make advance payments to the Participant conditional upon the receipt of federal funding for the purposes described above, and the continuing eligibility of the Participant for the federal funds.

The State Agency further agrees to provide, where applicable, consultative and technical assistance. The State Agency shall monitor performance and measure progress toward achieving program goals as specified in the above statutes and all applicable regulations.

The Participant, in accordance and compliance with the applicable regulations and any subsequent amendments thereto, agrees to accept final financial and administrative responsibility for the operation of nonprofit food service under the above named Programs, and to use income accruing to its food service program operations solely for authorized Program purposes. Further, the Participant agrees to comply with all of the provisions of the appropriate regulations and amendments.

Copies of the applicable current regulations are attached hereto along with required informational sheets and are incorporated by reference and made a part of each initial agreement. Each of these regulations provides that prior notice of any amendment thereto shall be given in writing to the Participant and when such amendment is adopted, it shall be incorporated into this Agreement.

The Participant agrees to administer and be responsible for the operation of the following Program(s): (Authorized representative must check the appropriate line or lines)

SCHOOL NUTRITION PROGRAMS

National School Lunch X
School Breakfast X
Special Milk-Split Session Kindergarten
Special Milk
National School Lunch - After-School Snacks

CHILD AND ADULT CARE FOOD PROGRAM

Child Day Care Centers
Adult Day Care Centers
Day Care Homes

SUMMER FOOD SERVICE PROGRAM

NON-PRICING PROGRAM	PRICING PROGRAM	
	Free and Reduced Meals and/or Milk	Paid Meals and/or Milk Only
<u>X</u>		
<u>X</u>		
	N/A	N/A
	N/A	N/A
	N/A	N/A

RECEIVED
-4 PM 3:26
OCT 1 1999
NORTH AMERICAN FAMILY INSTITUTE, INC.

This Agreement will be effective on the date specified on the front page of this form and remains in effect unless the terms of the Agreement are changed or the Agreement is terminated. Provided that sufficient funds have been appropriated by Congress and made available to the State Agency for carrying out any of the purposes of the National School Lunch Act and the Child Nutrition Act during each such fiscal year, this Agreement will remain in effect. Notwithstanding the above, either party hereto may, by giving at least thirty (30) days written notice, terminate, cancel or suspend this Agreement.

Upon termination of the Agreement, the State Agency shall make no further disbursement of funds except to reimburse the Participant for authorized expenses incurred on or prior to the termination date in connection with breakfasts, lunches, suppers, supplemental food, or milk served. Notwithstanding any termination of this Agreement, the obligations of the Participant pursuant to Regulations applicable to Programs entered into shall continue until the requirements thereof have been fully performed.

NONDISCRIMINATION CLAUSE

The program applicant hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 USC 2000d et seq.), Title IX of the Education Amendments of 1972 (20 USC 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 USC 794), the Age Discrimination Act of 1975 (42 USC 6101 et seq.); all provisions required by the implementation regulations of the Department of Agriculture; Department of Justice Enrollment Guidelines, 28 CFR 50.3 and 42; and Food and Nutrition Services directives and guidelines, to the effect that, no person shall, on the grounds of race, color, national origin, sex, age or disability, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination under any program or activity for which the program applicant receives Federal financial assistance from Food and Nutrition Services; and hereby gives assurance that it will immediately take measures

necessary to effectuate this agreement. By accepting this assurance, the program applicant agrees to compile data, maintain records and submit reports, as required, to permit effective enforcement of the nondiscrimination laws and permit authorized United States Department of Agriculture personnel during normal working hours to review such records, books and accounts as needed to ascertain compliance with the nondiscrimination laws. If there are any violations of this assurance, the Department of Agriculture, Food and Nutrition Services, shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the program applicant and its successors, transferees and assignees, as long as they receive assistance or retain possession of any assistance from the Department of Agriculture. The person or persons whose signatures appear below are authorized to sign this assurance on behalf of the applicant.

The Participant further agrees to comply with the antidiscrimination statutes of the State of Connecticut. Connecticut General Statute 4-114a (a) as amended mandates that the Participant:

Agrees and warrants that in the performance of this contract he will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status, ancestry, sexual orientation, national origin, sex, mental retardation, and past and present history of mental disorder, learning disability and physical disability, including, but not limited to, blindness, unless it is shown by such contractor that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or of the State of Connecticut. If the contract is for a public works project, the contractor agrees and warrants that he will make good faith efforts to employ minority business enterprises as subcontractors and suppliers of materials on such project. The contractor further agrees to provide the commission on human rights and opportunities with such information requested by the commission concerning the employment practices and procedures of the contractor as relate to the provisions of this section and section 46a-56. For the purposes of this section, minority business enterprises means any subcontractor or supplier of materials fifty-one per cent or more of the capital stock, if any, or assets of which is owned by a person or persons: (1) who are active in the daily affairs of the enterprise; (2) who have the power to direct the management and policies of the enterprise; and (3) who are members of a minority, as such term is defined in subsection (a) of section 32-9n.

This contract is subject to the Provisions of Executive Orders Number 3 and 17 promulgated on June 16, 1971, and February 15, 1973, respectively. As such, this contract may be canceled, terminated or suspended by the contracting agency or the State Labor Commission for violation of or noncompliance with said Executive Orders, or any state or federal law concerning nondiscrimination notwithstanding that the Labor Commission is not a party to this contract. The parties to this contract, as part of the consideration hereof, agree that Executive Orders No. 3 and 17 are incorporated herein by reference and made a part hereof. The parties agree to abide by the said Executive Orders and agree that the contracting agency and the State Labor Commission shall have joint and overall continuing jurisdiction with respect to performance of this contract and the requirements of the above referenced Executive Orders.

The Participant agrees to save harmless the State Board of Education from financial loss and expense, including legal fees and costs, if any, arising out of any breach of the duties, in whole or part, described above.

HEARING PROCEDURES FOR APPEAL TO A DECISION OF DENIAL FOR FREE AND REDUCED PRICE MEALS OR FOR FREE MILK

In accordance with the applicable Regulations for the named Programs, the Participant shall establish a hearing procedure under which a family can appeal a decision of denial made by the Participant with respect to an application the family has made for free or reduced price meals or free milk. The hearing procedure shall follow the provisions of 7 CFR Part 245.7, Determining Eligibility for Free and Reduced Price Meals and Free Milk in Schools, and any amendments thereof.

NON-PRICING PROGRAM PROCEDURES

In accordance with the applicable Regulations for the named Programs, the participant of one or more non-pricing programs agrees that:

- (1) there will be no separate charge for meals or milk served and that the entire enrollment of the institution is being served the same quality and quantity of food at all meals;

- (2) there will be no identification of recipients eligible for free or reduced price meals; and

- (3) there will be no identification of Tier I and Tier II recipients in day care homes and information collected will be limited to persons directly connected with the administration and enforcement of the Program.

PROTECTION OF THE RIGHTS AND PRIVACY OF PARENTS AND STUDENTS CLAUSE

Pursuant to 88 Stat. 571.20 USC 1232(g), Public Law 93-380, Education Amendments of 1974, the Participant shall agree and warrant to:

- (1) permit the parents or legal guardians of children eligible to participate in the named Programs to inspect and review any and all official records, files and data directly related to their children;

- (2) provide an opportunity for a hearing to challenge the content of their child's records, to insure that the records are not inaccurate, misleading or otherwise in violation of the privacy or other rights of the children or their parents; and

- (3) establish and adhere to the policy of not permitting the release of children's personally identifiable records or files (or personal information contained therein) without the consent of their parents or legal guardians to any individual, agency, or organizations, except the following:

- (a) other school officials who have legitimate educational interests;

- (b) officials of other schools or school systems in which the student intends to enroll, upon the condition that the child's parents or legal guardians be notified of the transfer, receive a copy, if desired, and have an opportunity for a hearing to challenge the content of the record; and

- (c) an administrative head of an education agency, or State educational authorities in connection with an audit and evaluation of Federally supported education programs, or in connection with the enforcement of the Federal legal requirements which relate to such programs provided that, except when a collection of personally identifiable data is specifically authorized by Federal law, any data collected by such officials with respect to individual students shall not include information (including social security numbers) which would permit the personal identification of such students or their parents after the data so obtained has been collected.

The participant hereby agrees that nondiscrimination policy procedures in accordance with applicable Regulations for the named Programs will be established and implemented as appropriate.

The Participant shall provide an audit acceptable to the State Agency, in accordance with the provisions of Section 7-396a of the Connecticut General Statutes.

In order to effectuate the Programs of the National School Lunch Act, as amended (42 USC 1751) and the Child Nutrition Act, as amended (42 USC 1771), the Connecticut State Board of Education and

NORTH AMERICAN FAMILY INSTITUTE, INC.

(Name of Corporation, Board of Education or Governing Body)

enter into this Agreement and are subject to all legal rights and duties as provided herein and in the Attachments hereto, together with any amendments which shall become a part of this Agreement, as evidenced by the signatures below:

This is to certify that on 6/11/99, as shown in the minutes of

NORTH AMERICAN FAMILY INSTITUTE, INC.

(Name of Corporation, Board of Education or Governing Body)

the individuals signing this agreement were authorized as noted.

1. The person designated below is authorized to sign this agreement and to sign claims for reimbursement.

Yitzhak Bakal
Signature

YITZHAK BAKAL

Printed Name

PRESIDENT

Title (Superintendent of Schools, Mayor, Selectman, Corporate President, Chairperson, Pastor or Commissioner)

9/29/99

Date

2. In the absence or incapacity of the first designated individual, the second person designated below is authorized to sign claims for reimbursement.

Hildegard Paris
Signature

HILDEGARDE PARIS

Printed Name

DIRECTOR OF OPERATIONS

Title (Assistant Superintendent, Business Official, Principal, Headmaster, City or Town Manager, Executive Director or Deputy Commissioner)

9/29/99

Date

3. The signature below certifies the above action.

Sevel Mard
Signature

SECRETARY

Title (Secretary of Corporation, Town Clerk, Secretary of the Board)

FOR STATE USE ONLY DO NOT SIGN BELOW THIS LINE

CONNECTICUT STATE DEPARTMENT OF EDUCATION

John Coroso
Signature of Authorized Representative

John Coroso
Printed Name of Authorized Representative

Division Director
Title

10/18/99
Date

ED-099
Schedule B
Rev. 05/01
7CFR Part 220
7CFR Part 210
7CFR Part 215

CONNECTICUT STATE DEPARTMENT OF EDUCATION

Office of Child Nutrition
25 Industrial Park Road
Middletown, Connecticut 06457-1543

SCHOOL NUTRITION APPLICATION

INSTRUCTIONS
Send with Agreement (ED-099)

FOR STATE USE ONLY:	
Town Code	<input type="text"/>
Sponsor ID	<input type="text"/>
Effective Date	<input type="text"/>
Fed. ID	<input type="text"/>
Safety NET	<input type="checkbox"/>

1. Organization: 61001 North American Family Institute
School Lunch Program
Address: 10 Harbor Street
Danvers, MA, 01923

2. Number of schools or institutions and their enrollment in each Program:

	Number of Schools	Enrollment	Start Date
National School Lunch	2	40	7/1/01 - 6/30/02
Regular School Breakfast	2	40	7/1/01 - 6/30/02
Severe Need Breakfast			
Special Milk Only (include Split Session Kindergarten)			
State School Breakfast (Public Schools Only)			
After-School Snack Programs			

4. Type of School, Institution or Facility with Program (check one):

☐ Public School ☐ Private School ☐ Residential Institution (RCCI) (Day and Residential Clients)
☒ RCCI (Licensed for Residential Clients Only) ☐ RCCI (No Day Clients, But Licensed for Day Clients)
☐ Public Summer Facility ☐ Private Summer Facility

5. Type and length of program (check one):

☐ School-Year Program Start Date / / End Date / / ☒ Year-Round Program
☐ Summer Program Start Date / / End Date / /

6. Is the food or milk service in the school(s), camp(s) or institution(s) operated by a Food Management Company (FMC)?
☐ Yes ☒ No (If YES, a copy of the contract between the School Food Authority (SFA) and FMC must accompany this application.) Name of FMC _____

7. Does the food service program receive meals by agreement with another National School Lunch Program (NSLP) sponsor? ☐ YES ☒ NO The name of the vendor is: _____

The phone number of the vendor is: _____

8. Lunch Director/Manager: Lori Lalama - Touchstone
Rebecca Stirk - Stepping Stone
Phone: (860) 567-3809
Fax: (203) 596-1177
(860) 567-3846
(203) 596-1964

9. Claims for reimbursement (ED-103) will be prepared by:

Name: Dorothy Cuozzo

Phone: (978) 774-0774
Fax: (978) 772-2262

E-Mail: Dorothy_Cuozzo@NAFI.COM

- Over -

0. List individual sites with State Department of Education assigned school code number and grade/age ranges
Check appropriate meal service(s) served for each site.

[illegible]

REPORT OF VERIFICATION RESULTS
SCHOOL YEAR: 2001 – 2002
All sponsors must return this form.

Please complete Section A and B and return this form **no later than January 15, 2002** to: Office of Child Nutrition, 25 Industrial Park Road, Middletown, CT 06457. Questions regarding verification may be directed to Mary Ragno (860-807-2082), Teri Dandeneau (860-807-2079), or Bob Zwack (860-807-2081).

Note that if you are a RCCI (Residential Child Care Institution) and you do **not** have day students enrolled prior to November 1, **complete Section A** and check the "No Day Students Enrolled" box and return to the address above. RCCI's that have day students, **must do verification** unless they claim **all** day students as paid; or do not claim the day students at all. (Note: Day students that are eligible for free meals due to Direct Certification, should not be verified. The Direct Certification letter, which should be on file at the site, is proof that verification is not required.)

SPONSOR NAME: North American Family Institute AGREEMENT #: 61001

This form was completed by: Barbara Kelley

Phone: (978) 774-8774

RCCI ONLY →



NO DAY STUDENTS ENROLLED

Total number of approved Free and Reduced applications on file as of October 31 (excluding Direct Certification letters): 40

Verification procedure choice: ☐ RANDOM (3%) ☐ FOCUSED (1% + .5%) ☒ ALL APP'S.

Total number of applications verified: 40

- 1) Number of **verified** applications changed (do not include siblings) from **Free to Overincome**: _____
- 2) Number of siblings affected by this change (Free to Overincome): _____
- 3) Number of **verified** applications changed (do not include siblings) from **Free to Reduced**: _____
- 4) Number of siblings affected by this change (Free to Reduced): _____
- 5) Number of **verified** applications changed (do not include siblings) from **Reduced to Free**: _____
- 6) Number of siblings affected by this change (Reduced to Free): _____
- 7) Number of **verified** applications changed (do not include siblings) from **Reduced to Overincome**: _____
- 8) Number of siblings affected by this change (Reduced to Overincome): _____
- 9) Number of **verified** applications **terminated** (do not include siblings) for **failure to respond**: _____
- 10) Number of siblings affected by this change (terminated): _____

Did you make a second attempt to contact these families? _____

Date that verification procedures were completed: _____

Note that the deadline for completion of Verification each year is **December 15**.

Section A

Section B

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 1680
CONNECTION TEL 19735996522
SUBADDRESS
CONNECTION ID
ST. TIME 07/31 15:41
USAGE T 02'02
PGS. SENT 6
RESULT OK



Facsimile Cover Sheet

To: Rina Patel

Company: Program Integrity Assurance Associate, SLD

Phone: 973-884-8359

Fax: 973-599-6522

From: Louisa Loke

Company: NAFI

Phone: 978-774-0774 or 978-774-0775, ext. 192

Fax: 978-774-2262

E-Mail: Louisaloke@nafi.com

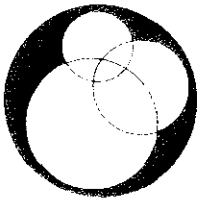
Date: 7/31/02

No. of pages
including cover page:

6

Comments:

Re: Discount Information for Thomas O'Farrell



NORTH AMERICAN FAMILY INSTITUTE, Inc.

creating diverse and innovative services for people

July 31, 2002

Rina Patel
Program Integrity Assurance Associate
Schools and Libraries Diversion

ADMINISTRATIVE OFFICES
10 Harbor Street
Danvers, MA 01923
Tel: (978) 774-0774
Fax: (978) 774-8369
1st Floor Fax: (978) 774-2262
TTY: (978) 762-6314
Web Site: <http://nafi.com>

Re: E-rate Application – Discount Information for Thomas O'Farrell Youth Center

Dear Ms. Patel,

All students at Thomas O'Farrell Youth Center are in state custody. They automatically qualified as Residential Child Care Institutions (RCCI).

Attached please find the contract from Maryland State Department of Education that indicated a total number of 43 enrollments, and all of them are approved for the free lunch program. The contract is kept on file at our office in Danvers, MA.

If you have any questions, please feel free to contact me.

Sincerely,

Dan Nakamoto
Executive Director of Administrative Services
North American Family Institute
Phone: 978-774-0774
Fax: 978-774-8369
E-mail: dannakamoto@nafi.com



Maryland State Department of
EDUCATION

Q17 B01

Schools for Success

Nancy S. Grasmick
State Superintendent of Schools

200 West Baltimore Street
Baltimore, Maryland 21201
Phone (410) 767-0100
TTY/TDD (410) 333-6442

October 16, 2001

Ms. Hildegard Paris
North American Family Institute, Inc.
10 Harbor Street
Danvers, MA 01923

Dear Ms. Paris:

Enclosed are your approved renewal documents for the 2001-2002 school year for the School Nutrition Programs Agreement and Policy Statement for Free and Reduced Price Meals, and if applicable, Free Milk. Any changes to the approved Policy Statement or its attachments, requires Maryland State Department of Education approval prior to implementation.

Your permanent Agreement and Policy Statement and all subsequent revisions and attachments are considered continuous and must be maintained on permanent file. Copies of these documents must be maintained at your central office and made available for review or audit to any interested parties, including federal and State officials. Additionally, a copy of the 2001-2002 Income Eligibility Guidelines should be provided to each school/site that distributes Meal Benefit Forms to students. These documents can be found in the "Meal Benefit Eligibility Manual".

Program records that are not considered continuous and permanent are to be retained for three years after the date of submission of the final Monthly Statistical Data Reimbursement Report for the fiscal year to which they pertain. Refer to Management and Operations Memo #024 for a detailed description of Program record keeping requirements.

If you have questions regarding any of the documents, the records retention requirement, or are planning any changes that will affect your Policy Statement, please contact Carol Fettweis, Chief, Child Nutrition Section, at 410-767-0207, or by e-mail at <cfettwei@msde.state.md.us>.

Sincerely,

Sheila G. Terry, Chief
Nutrition and Transportation Services Branch

Enclosures

Maryland State Department of Education
Nutrition and Transportation Services Branch

R E N E W A L

**School Nutrition Programs Agreement
&
Policy Statement For Free and Reduced Price Meals**

This document serves to renew the School Nutrition Programs Agreement and the Policy Statement for Free and Reduced Price Meals that is in effect with the Maryland State Department of Education and the North American Family Institute, Inc.

10 Harbor Street

(School Food Authority Name)
Danvers, MA 01923

(School Food Authority Address)

All provisions of the continuous, permanent Agreement and Policy Statement and Appendices remain in full force and effect until a new Agreement or Policy Statement is issued, or changes are approved by the Maryland State Department of Education.

As the authorized School Food Authority representative, I certify that:

- The current year's income eligibility guidelines have been used in issuing the public release, parent letter, and all applicable forms and resources which are currently available for use in the central office and each school/site.
- To the best of my knowledge, all information submitted on school nutrition programs renewal forms is current and accurate.

I accept final administrative and financial responsibility for operations of school nutrition programs at all facilities under my jurisdiction. I acknowledge that this information is being given in connection with receipt of federal funds and that deliberate misrepresentation may result in prosecution under applicable state and federal criminal statutes.

The School Food Authority hereby requests that this renewal be effective the **1st day of July 2001**.

Hildegarde Paris

Chief Operating Officer

Hildegarde Paris

Original Signature and Title of Authorized Representative and Date Signed

*(Printed) Name of
Authorized Agency Representative*

Do not write below this line; for Maryland State Department of Education use only.

The Maryland State Department of Education hereby approves this renewal effective the

1st day of July, 2001 through the 30th day of June, 2002

Sheila G. Terry

Sheila G. Terry, Chief

Nutrition and Transportation Services Branch

July, 2001
Date

Maryland State Department of Education
Nutrition and Transportation Services Branch

APPLICATION FOR SCHOOL NUTRITION PROGRAMS

Sponsoring Organization North American Family Institute, Inc.

Mailing Address 10 Harbor Street Danvers, MA 09123

Contact Person

The contact person will be the person to whom the memos will be sent and the individual MSDE can call for information regarding the School Nutrition Programs.

Name	Barbara Kelley	Title	Director of Contracts
Telephone Number	Fax Number	Email Address	
(978) 774-0774	(978) 774-2262	Barbara_Kelley@nafi.com	

Complete the following chart. If meals are provided at no charge or a given group isn't served meals, indicate N/A.

Prices to be Charged

	Elementary	Middle/Jr. High	High School	Adults
Lunch	N/A	N/A	N/A	N/A
Breakfast	N/A	N/A	N/A	N/A

Menu Planning Option (check all that apply)

☒ Enhanced Food Based Menu Planning ☐ Nutrient Standard Menu Planning

☐ Traditional Menu Planning ☐ Other (must receive prior MSDE approval) _____

Does a Food Service Management Company (FSMC) operate the School Food Service?

☐ Yes ☒ No *If yes, attach a copy of the contract/renewal*

Does your School Food Service have a contract for pre-plated or vended meals?

☐ Yes ☒ No *If yes, attach a copy of the contract/renewal*

Does the sponsoring organization have access to the Internet? ☒ Yes ☐ No

Does the sponsoring organization participate in any other Federal Program in Maryland or any other state?

☒ Yes ☐ No *If yes, specify* _____

Including federal assistance received from all other federal agencies, did your school or institution expend \$300, 000 or more in federal funds and commodity assistance during the most recent completed fiscal year?

☒ Yes ☐ No *If yes, specify each source of federal assistance, and the amount expended for each.*

See attached Exhibit IV

Fiscal year for sponsoring organization July 1, 2001 - June 30, 2002

SCHEDULE A for SCHOOL NUTRITION PROGRAMS

Site Name and Address	Program (s) Applying for	✓	Program Start Date	Program End Date	Number of Children Approved		Total Enrollment
					Free	Reduced Price	
Thomas O'Farrell Youth Center 7960 Henryton Road Marriotttsville, MD 21104	Lunch	X	7/1/01	6/30/02	43		43
	Breakfast	X	7/1/01	6/30/02			
	Commodities	X					
	Lunch						
	Breakfast						
	Commodities						
Transitional Living Program Springfield Hospital Cottage 9 6655 Sykesville Road Sykesville, MD 21784	Lunch	X	7/1/01	6/30/02	7		7
	Breakfast	X	7/1/01	6/30/02			
	Commodities	X					
	Lunch						
	Breakfast						
	Commodities						
	Lunch						
	Breakfast						
	Commodities						
	Lunch						
	Breakfast						
	Commodities						
	Lunch						
	Breakfast						
	Commodities						
	Lunch						
	Breakfast						
	Commodities						

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 1681
CONNECTION TEL 19735996522
SUBADDRESS
CONNECTION ID
ST. TIME 07/31 15:43
USAGE T 03'08
PGS. SENT 9
RESULT OK



Facsimile Cover Sheet

To: Rina Patel

Company: Program Integrity Assurance Associate, SLD

Phone: 973-884-8359

Fax: 973-599-6522

From: Louisa Loke

Company: NAFI

Phone: 978-774-0774 or 978-774-0775, ext. 192

Fax: 978-774-2262

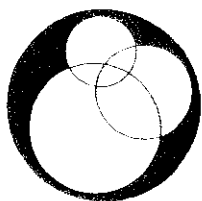
E-Mail: Louisaloke@nafi.com

Date: 7/31/02

**No. of pages
including cover page:** 9

Comments:

Re: Discount Information for Alliance House, Shelter Care,
1 Durable Opportunity Program



NORTH AMERICAN FAMILY INSTITUTE, Inc.

creating diverse and innovative services for people

July 31, 2002

Rina Patel
Program Integrity Assurance Associate
Schools and Libraries Diversion

ADMINISTRATIVE OFFICES
10 Harbor Street
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Tel: (978) 774-0774
Fax: (978) 774-8369
1st Floor Fax: (978) 774-2262
TTY: (978) 762-6314
Web Site: <http://nafi.com>

**Re: E-rate Application – Discount Information for Alliance House, Shelter Care,
and Positive Opportunity Program**

Dear Ms. Patel,

All students at Alliance House, Shelter Care, and Positive Opportunity Program are in state custody. They automatically qualified as Residential Child Care Institutions (RCCI).

Attached please find the contract from Commonwealth of MA Department of Education that indicated a total number of 15 enrollments from Alliance House, 25 enrollments from Shelter Care, and 16 enrollments from Positive Opportunity Program. All of them are approved for the free lunch program. The contract is kept on file at our office in Danvers, MA.

If you have any questions, please feel free to contact me.

Sincerely,

Dan Nakamoto
Executive Director of Administrative Services
North American Family Institute
Phone: 978-774-0774
Fax: 978-774-8369
E-mail: dannakamoto@nafi.com

Vendor Code Number
237-378-470-000-1

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF EDUCATION
NUTRITION PROGRAMS AND SERVICES
350 MAIN STREET, MALDEN, MA 02148

DATE: 08/16/01
PAGE: 1

Agreement Number

05-071-I32R

RESIDENTIAL CHILD CARE INSTITUTION
2002 PROGRAM APPLICATION FOR
BREAKFAST - LUNCH - COMMODITY DISTRIBUTION

1. Name and address of Sponsor
NORTHEASTERN FAMILY INSTITUTE
10 HARBOR STREET
DANVERS, MA 01923

2. DAYS OPEN PER WEEK
7

4. LICENSED BY

OFC

Please enclose a copy of
the most current license.

5. ENROLLMENT

Resi-
dential: 184
Day: 0
Total: 184

6
NAME AND ADDRESS
OF FEEDING SITE

7
SITE
NBR

8
ENROLL
MENT

9
SCHOOL TYPE
PS EL MD SC

10
PROGRAM
BRK LUN

11
TYPE OF SERVICE
OSP BAS CKT REC

12
TYPE OF MEAL IN
RECEIVING SCHOOL
BK PP CM VPB VPL

13
FSMC
CONT
RACT

14
OPEN
JUL/
AUG.

SHELTER CARE
40 GREGORY ST
MIDDLETON, MA 01949

001 25

Y Y

Y Y

Y

NO

BOTH

ALLIANCE HOUSE
38 PLEASANT STREET
STONEHAM, MA 02180

003 15

Y

Y Y

Y

NO

BOTH

COMMUNITY INTERVENTION
23 MAPLE STREET
ARLINGTON, MA 02174

004 10

Y

Y Y

Y

NO

BOTH

The abbreviations within the columns
represent the following values:


PRE-SCHOOL
ELEMENTARY
MIDDLE
SECONDARY

BRKFAST
LUNCH

ON-SITE PREP
BASE
CENTRAL KITCHEN
RECEIVING

BULK
PRE-PLATE
COLD MEALS
VENDOR PURCH BRK
VENDOR PURCH LUN

15. Original signature, printed name,
and title of authorized representative:

 William C. Frankenstein Director of Contracts

I certify that the individual named above is duly designated as Authorized Representative empowered to sign
"Claims for Reimbursement" in connection with the National School Lunch, School Breakfast, Commodity School
and Commodity Distribution Programs. I further certify that the information on this application is true and
correct to the best of my knowledge. All listed feeding sites will operate in accordance with our present
Agreement including all amendments to Federal and State regulations governing the Child Nutrition Programs
for the period July 1, 2001 through June 30, 2002.

16. Original signature, printed name, and date of
superintendent/executive director/administrator:



17. Contact person for claim reimbursement questions: BILL FRANKENSTEIN

Phone Nbr: 978-774-0775

Office Address: 10 Harbor St Danvers, MA

E-Mail: bill.frankenstein@NAFL.Ca

Town:

Telephone: 978-774-0774

Fax: 978-774-8369

Entity Number: 227033

Contact Person: Louisa Loke

Applicants Form Identifier:

Phone Number:

Wireless

(978) 774-0774

Block 5: Discount Funding Request(s)Block 5, page 4 of 13**Instructions:** Use one Block 5 page for **EACH** service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections				15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)				MTM		
				16 Billing Account Number (e.g., billed telephone number)				802-343-8530.0		
12 Form 470 Application Number (15 digits)				17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)				12/13/2001		
13 SPIN - Service Provider Identification Number (9 digits)				18 Contract Award Date (mm/dd/yyyy)						
				19a Service Start Date (mm/dd/yyyy)				7/1/2002		
				19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)				6/30/2003		
14 Service Provider Name				20 Contract Expiration Date (mm/dd/yyyy)						
21 Description of This Service:				You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 4 _____						
22 Entity/Entities Receiving This Service:				a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A1 _____						
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
297.53	0	297.53	12	3570.36			0	3570.36	89%	\$ 3,177.62

Entity Number: 227033

Applicants Form Identifier:

Wireless

Contact Person: Louisa Loke

Phone Number:

(978) 774-0774

Block 5: Discount Funding Request(s)Block 5, page 5 of 13

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM									
	16 Billing Account Number (e.g., billed telephone number) 16385031									
12 Form 470 Application Number (15 digits) 681020000377973	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2001									
13 SPIN - Service Provider Identification Number (9 digits)	18 Contract Award Date (mm/dd/yyyy)									
	19a Service Start Date (mm/dd/yyyy) 7/1/2002									
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2003									
14 Service Provider Name Cingular	20 Contract Expiration Date (mm/dd/yyyy)									
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>5</u>										
22 Entity/Entities Receiving This Service: <p>a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____</p> <p>b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A1 _____</p>										
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
44.25	0	44.25	12	531			0	531	89%	\$ 472.59

Entity Number: 227033
Contact Person: Louisa Loke

Applicants Form Identifier:
Phone Number:

Wireless
(978) 774-0774

Block 5: Discount Funding Request(s)

Block 5, page 6 of 13

Instructions: Use one Block 5 page for **EACH** service (Funding Request Number) for which you are requesting discounts.
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections		15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM								
		16 Billing Account Number (e.g., billed telephone number) 0688172								
12 Form 470 Application Number (15 digits) 681020000377973		17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2001								
13 SPIN - Service Provider Identification Number (9 digits) 143004191		18 Contract Award Date (mm/dd/yyyy)								
		19a Service Start Date (mm/dd/yyyy) 7/1/2002								
		19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2003								
14 Service Provider Name CTC Communications		20 Contract Expiration Date (mm/dd/yyyy)								
21 Description of This Service:		You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 6 _____								
22 Entity/Entities Receiving This Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A1 _____								
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
126.20	0	126.20	12	1,514.40			0	1,514.40	89%	\$ 1,347.82

Entity Number: 227033
Contact Person: Louisa Loke

Applicants Form Identifier:
Phone Number:

Wireless
(978) 774-0774

Block 5: Discount Funding Request(s)

Block 5, page 7 of 13

Instructions: Use one Block 5 page for **EACH** service (Funding Request Number) for which you are requesting discounts.
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections		15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM								
		16 Billing Account Number (e.g., billed telephone number) 10-00028741								
12 Form 470 Application Number (15 digits) 681020000377973		17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2001								
13 SPIN - Service Provider Identification Number (9 digits)		18 Contract Award Date (mm/dd/yyyy)								
		19a Service Start Date (mm/dd/yyyy) 7/1/2002								
		19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2003								
14 Service Provider Name MCI		20 Contract Expiration Date (mm/dd/yyyy)								
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 7 _____										
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A1 _____										
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
166.33	-	166.33	12	1,996.00			0	1,996.00	89%	1,776.44

Entity Number: 227033
Contact Person: Louisa Loke

Applicants Form Identifier:
Phone Number:

Wireless
(978) 774-0774

Block 5: Discount Funding Request(s)

Block 5, page 8 of 13

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections					15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in instructions) MTM					
					16 Billing Account Number (e.g., billed telephone number) A4721					
12 Form 470 Application Number (15 digits) 681020000377973					17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2001					
13 SPIN - Service Provider Identification Number (9 digits)					18 Contract Award Date (mm/dd/yyyy)					
					19a Service Start Date (mm/dd/yyyy) 7/1/2002					
					19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2003					
14 Service Provider Name Message Center					20 Contract Expiration Date (mm/dd/yyyy)					
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 8 _____										
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A8 _____										
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
29.85	0	29.85	12	358.2			0	358.2	89%	\$ 318.80

Entity Number: 227033
Contact Person: Louisa Loke

Applicants Form Identifier:
Phone Number:

Wireless
(978) 774-0774

Block 5: Discount Funding Request(s)

Block 5, page 9 of 13

Instructions: Use one Block 5 page for **EACH** service (Funding Request Number) for which you are requesting discounts.
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections					15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM					
12 Form 470 Application Number (15 digits) 681020000377973					16 Billing Account Number (e.g., billed telephone number)					
13 SPIN - Service Provider Identification Number (9 digits) 143020645					17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2001					
					18 Contract Award Date (mm/dd/yyyy)					
					19a Service Start Date (mm/dd/yyyy) 7/1/2002					
					19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2003					
14 Service Provider Name Metrocall					20 Contract Expiration Date (mm/dd/yyyy)					
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 9 _____										
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A9 _____										
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
265.89	0	265.89	12	3190.68			0	3,190.68	89%	\$ 2,839.71

Entity Number: 227033
Contact Person: Louisa Loke

Applicants Form Identifier:
Phone Number:

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Block 5: Discount Funding Request(s)

Block 5, page 10 of 13

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections					15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM					
12 Form 470 Application Number (15 digits) 681020000377973					16 Billing Account Number (e.g., billed telephone number) 0007358378-4					
13 SPIN - Service Provider Identification Number (9 digits) 143013194					17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2001					
					18 Contract Award Date (mm/dd/yyyy)					
					19a Service Start Date (mm/dd/yyyy) 7/1/2002					
					19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2003					
14 Service Provider Name Nextel					20 Contract Expiration Date (mm/dd/yyyy)					
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 10 _____										
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A1 _____										
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
1239	0	1239	12	14868			0	14868	89%	\$ 13,232.52

Entity Number: 227033	Applicants Form Identifier:	Wireless
Contact Person: Louisa Loke	Phone Number:	(978) 774-0774

Block 5: Discount Funding Request(s)

Block 5, page 11 of 13

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM 16 Billing Account Number (e.g., billed telephone number) 802-283-8422																																												
12 Form 470 Application Number (15 digits) 681020000377973	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2001																																												
13 SPIN - Service Provider Identification Number (9 digits)	18 Contract Award Date (mm/dd/yyyy)																																												
	19a Service Start Date (mm/dd/yyyy) 7/1/2002																																												
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2003																																												
14 Service Provider Name Northeast Paging	20 Contract Expiration Date (mm/dd/yyyy)																																												
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 11 _____																																													
22 Entity/Entities Receiving This Service: <p>a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____</p> <p>b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A11 _____</p>																																													
23 Calculations <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="5">Recurring Charges</th> <th colspan="3">Non-Recurring Charges</th> <th colspan="3">Total Charges</th> </tr> <tr> <th>A</th> <th>B</th> <th>C</th> <th>D</th> <th>E</th> <th>F</th> <th>G</th> <th>H</th> <th>I</th> <th>J</th> <th>K</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Monthly \$ charges (total amount per month for service)</td> <td style="text-align: left;">How much of the \$ amount in (A) is ineligible?</td> <td style="text-align: left;">Eligible monthly pre-discount amount (A minus B)</td> <td style="text-align: left;"># of months service provided in program year</td> <td style="text-align: left;">Annual pre-discount \$ amount for eligible recurring charges (C x D)</td> <td style="text-align: left;">Annual non-recurring (one-time) \$ charges</td> <td style="text-align: left;">How much of the \$ amount in (F) is ineligible?</td> <td style="text-align: left;">Annual eligible pre-discount \$ amount for one-time charges (F minus G)</td> <td style="text-align: left;">Total program year pre-discount \$ amount (E + H)</td> <td style="text-align: left;">% discount (from Block 4 Worksheet)</td> <td style="text-align: left;">Funding Commitment \$ Request (I x J)</td> </tr> <tr> <td>54</td> <td>0</td> <td>54</td> <td>12</td> <td>648</td> <td></td> <td></td> <td>0</td> <td>648</td> <td>89%</td> <td>\$ 576.72</td> </tr> </tbody> </table>		Recurring Charges					Non-Recurring Charges			Total Charges			A	B	C	D	E	F	G	H	I	J	K	Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)	54	0	54	12	648			0	648	89%	\$ 576.72
Recurring Charges					Non-Recurring Charges			Total Charges																																					
A	B	C	D	E	F	G	H	I	J	K																																			
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)																																			
54	0	54	12	648			0	648	89%	\$ 576.72																																			

Entity Number: 227033

Applicants Form Identifier:

Wireless

Contact Person: Louisa Loke

Phone Number:

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Block 5: Discount Funding Request(s)Block 5, page 12 of 13**Instructions:** Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections		15 Contract Number (if available, use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM								
		16 Billing Account Number (e.g., billed telephone number) 2550616252								
12 Form 470 Application Number (15 digits) 681020000377973		17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2001								
13 SPIN - Service Provider Identification Number (9 digits) 143003032		18 Contract Award Date (mm/dd/yyyy)								
		19a Service Start Date (mm/dd/yyyy) 7/1/2002								
		19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2003								
14 Service Provider Name TSR Wireless		20 Contract Expiration Date (mm/dd/yyyy)								
21 Description of This Service:		You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 12 _____								
22 Entity/Entities Receiving This Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A12 _____								
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
77.5	0	77.5	12	930			0	930	89%	\$ 827.70

Entity Number: 227033
Contact Person: Louisa Loke

Applicants Form Identifier:
Phone Number:

Wireless
(978) 774-0774

Block 5: Discount Funding Request(s)

Block 5, page 13 of 13

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # _____ (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections				15 Contract Number (if available, use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM						
12 Form 470 Application Number (15 digits) 681020000377973				16 Billing Account Number (e.g., billed telephone number) 104300392						
13 SPIN - Service Provider Identification Number (9 digits) 143000677				17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/13/2001						
				18 Contract Award Date (mm/dd/yyyy)						
				19a Service Start Date (mm/dd/yyyy) 7/1/2002						
				19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2003						
14 Service Provider Name Verizon Wireless				20 Contract Expiration Date (mm/dd/yyyy)						
21 Description of This Service:		You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # 13 _____								
22 Entity/Entities Receiving This Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A8 _____								
23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
817.58	0	817.58	12	9,811.00			0	9,811.00	89%	\$ 8,731.79